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MEYERTONS, HOOD, KIVLIN, KOVO	& GOETZEL, P.C.		icient postage for first class mail in an envelo
P O BOX 398	- C.		address above, or being facsimile transmitted
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AUSTIN TX 78767-0398	, 705 E)	Jackie L. Pitre	(Depositor's name)
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)2 FC:1504 300.00 DA		1 HMALL M	(Date)
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APPLICATION NO. FILING DATE	FIRST NAMED INVENTOR	ATTORNE DOCKET NO.	CONFIRMATION NO.
09/864,510 05/24/2001	Gregory Murphy	5838-00300/EBM	2445
TITLE OF INVENTION: VENTRICULAR RESTORATION SHAPING APPARATUS AND METHOD OF USE			
THE OF INVENTION: VENTRICOLAR RESTORATION	SHAFING AFFARATOS	S AND WEITHOD OF OSE	
APPLN. TYPE SMALL ENTITY	ISSUE FEE PUBLI	CATION FEE TOTAL FEE(S) DUE DATE DUE
nonprovisional Yes	\$700.00 \$	300.00 \$1,000.0	08/12/2005
EXAMINER ART UNIT	CLASS-SUBCLASS		
Lewis, Ralph A. 3732	128-898000		
, 1			<u> </u>
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered list (1) the names of up to 3 registered list (2) Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.			
patent attorneys or agents OR,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Address form PTO/SB/122) attached. Address form PTO/SB/122) attached.			
attorney or agent) and the names of up			
"Fee Address" indication (or "Fee Address" Indication form to 2 registered patent attorneys or PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer agents. If no name is listed, no name			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a (Number is required.	will be printed.	e is listed, no name	
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set fort in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.			
(A) NAME OF ASSIGNEE:	(B) RESIDENCE (CITY & STATE C	DR COUNTRY):
Chase Medical, L.P.	Richardson, Texas		
Please check the appropriate assignee category indicated below (will 4a. The following fee(s) are enclosed:	and be printed on the patent): L 4b. Payment of Fee(s)::	individual corporation or ot	her private group entity government
✓ Issue Fee ✓ A fee authorization in the amount of the fee(s) is enclosed.			
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a. Applicant claims SMAIAL ENTITY status. See 37 CFR 1.27		SMALL ENTITY status. See, e.g., 37	
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T//aTh		Eric B. Meyertons	(- ····)
//// /// //		Reg. No. 34,876	-11/1011 21 Dark
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application No.:

09/864,510

Confirmation No.:

2445

Filing Date:

May 24, 2001

Inventors:

Murphy et al.

Title:

VENTRICULAR

RESTORATION SHAPING

APPARATUS AND METHOD OF USE

Examiner:

R. A. Lewis

Art Unit:

3732

Atty. Dkt. No.:

5838-00300

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

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Jackie L. Pitre

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\$ 700.00 - Issue Fee;

\$ 300.00 - Publication Fee; and

\$ 15.00 - Five copies

Total Amount: \$1,015.00

Attorney Docket No.: 5838-00300

The Commissioner is also authorized to charge any extension fee or other fees which may be necessary to the same account number.

Respectfully submitted,

Eric B. Meyertons Reg. No. 34,876

Attorney for Applicant

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.

P.O. BOX 398

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